

Name in Full		Ernest B. Barnes				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Forenday Hall</i>		Town <i>Ches</i> County		MARYLAND	
		Date of death 190 <i>5</i>	Month <i>10</i>	Day <i>21</i>	Years <i>—</i>	Months <i>6</i>	Days <i>—</i>
		Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ches B<sup>2</sup> m<sup>2</sup></i>		
		Married, Single or Widowed <i>Single</i>		Occupation <i>none</i>			
		Name of Wife or Husband <i>none</i>					
PHYSICIAN OR CORONER		Father's Name <i>C B. Barnes</i>			Father's Birthplace <i>Ches B<sup>2</sup> m<sup>2</sup></i>		
		Mother's Maiden Name <i>Mabel Lyons</i>			Mother's Birthplace <i>" "</i>		
		Name of person giving information <i>John Lyons</i>			How related to deceased <i>Uncle</i>		
		<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>					
PHYSICIAN OR CORONER		Primary <i>Boneal Fracture</i>			How long <i>6 wks</i>		
		Immediate <i>—</i>			How long <i>—</i>		
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>none attending</i>		
		Address <i>W H Brannen Suit Key</i>					
PHYSICIAN OR CORONER		Accident or Suicide? <i>—</i>			LIBRARY BUREAU 488318		

Reported by  
W. F. Browner  
Jub. Reg.

Name  
in  
Full

Mary Elizabeth Trauern

## CERTIFICATE OF DEATH

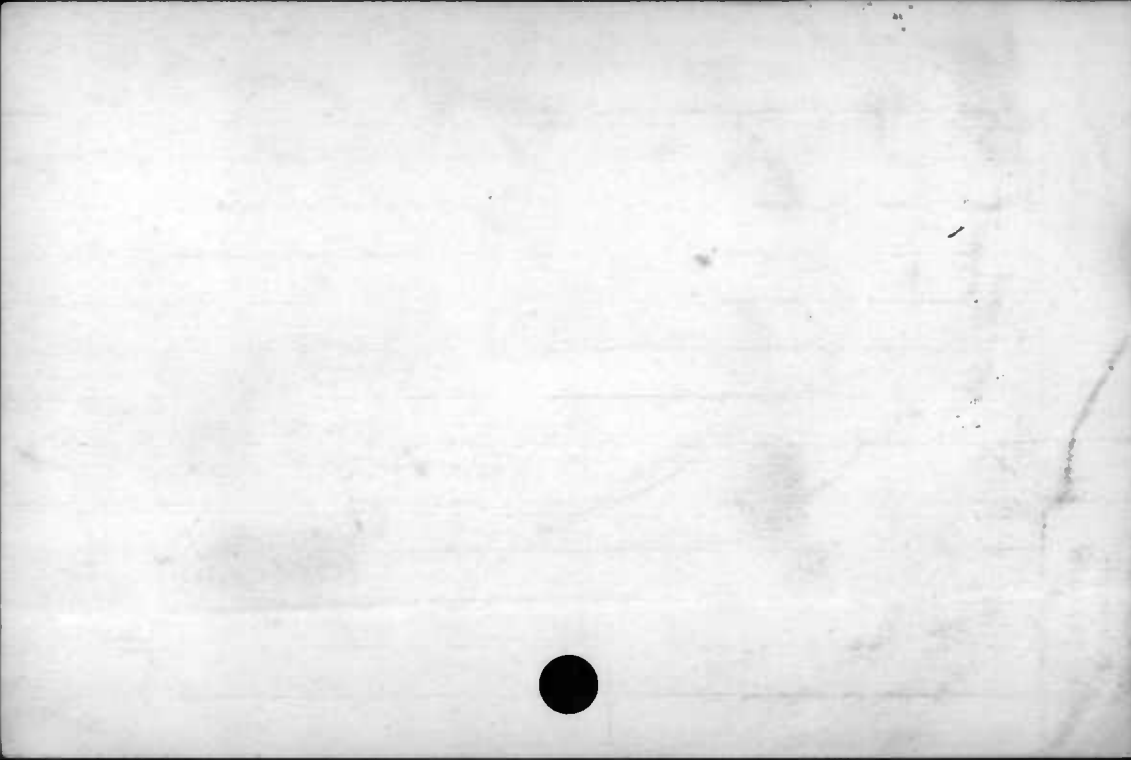
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Edlymont</i> <sup>Town</sup>		<i>Char.</i> <sup>County</sup>		MARYLAND	
Date of death 1905	<i>October</i> <sup>Month</sup>	<i>12</i> <sup>Day</sup>	Age <i>1</i> <sup>Years</sup>	<i>11</i> <sup>Months</sup>	<i>16</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Edlymont</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>+ +</i>			
Name of Wife or Husband <i>+ +</i>					
Father's Name <i>Richard Trauern</i>			Father's Birthplace <i>Edlymont</i>		
Mother's Maiden Name <i>Mary Trauern</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Mary Trauern</i>			How related to deceased <i>Mother</i>		

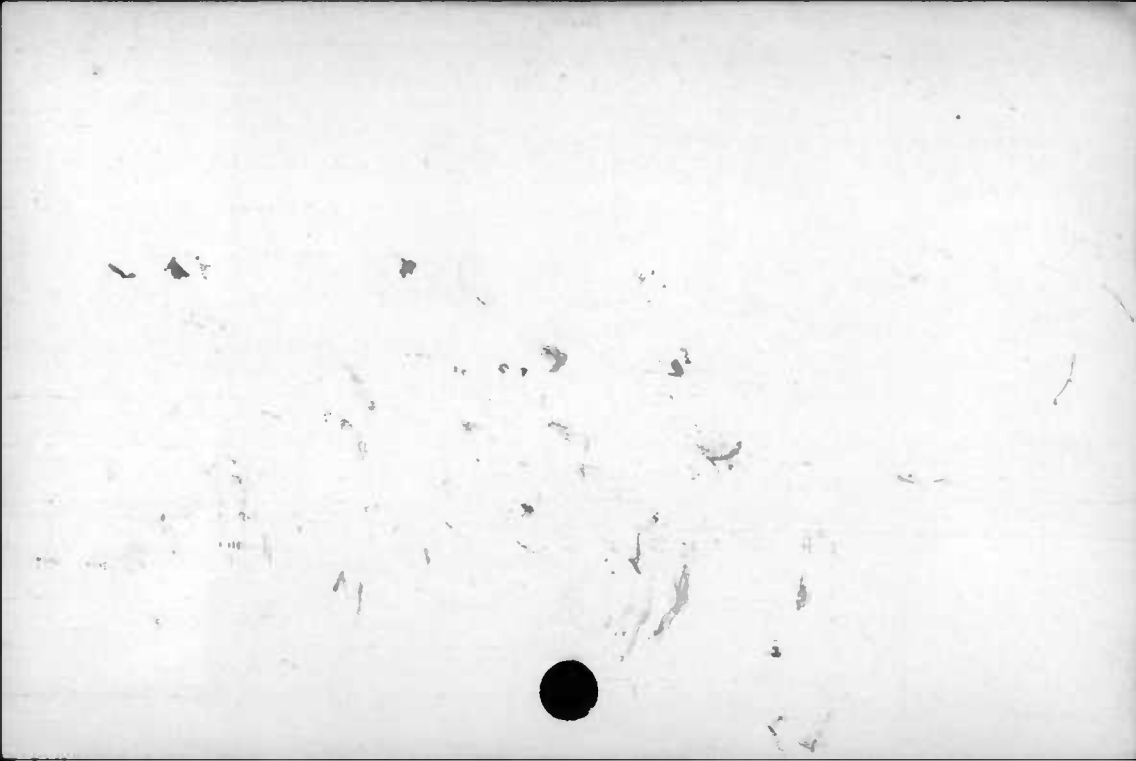
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Stomach trouble</i>	How long
Immediate <i>No Physician in attendance</i>	How long <i>6 week 3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Information</i>
	Address <i>given by Mother</i>
Accident or Suicide?	



Name in Full		Cecile Green				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County		MARYLAND		
		Brentland		Charles					
		Date of death 190		Month	Day	Age	Years	Months	Days
		5 Oct		16	2				
		Sex		Color or Race		Birth-place			
		male		white		Charles			
TO BE ANSWERED BY NEAREST FRIEND		Married, Single or Widowed			Occupation				
		Name of Wife or Husband							
		Father's Name			Father's Birthplace				
		Mother's Maiden Name			Mother's Birthplace				
		Name of person giving information			How related to deceased				
PHYSICIAN OR CORONER		CAUSES OF DEATH							
		Primary			How long				
		Whooping cough							
		Immediate			How long				
		Scars			10 days				
PHYSICIAN OR CORONER		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address			
				Dr. J. G. Hedden		Graytown Md			
				Per M. B. Sub Regt.					
PHYSICIAN OR CORONER		Accident or Suicide?							



Name  
in  
Full

Maria Kelton

## CERTIFICATE OF DEATH

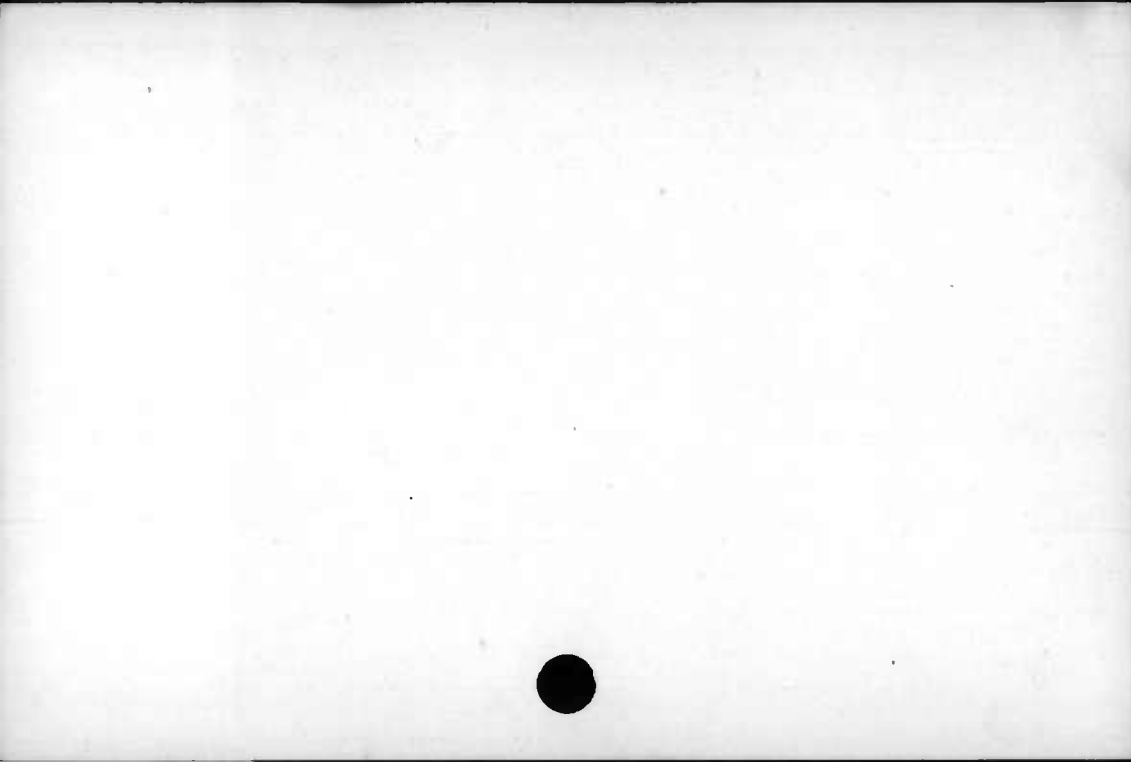
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Phelps</i> <sup>Town</sup>		<i>Charles</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1905</i>	Month <i>10</i>	Day <i>7</i>	Age <i>72</i>	Months <i>0</i> Days <i>0</i>
Sex <i>7</i>	Color or Race <i>C</i>		Birth-place <i>md</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>at home</i>		
Married, Single or Widowed <i>W</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Not known</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>W. K.</i>			Mother's Birthplace <i>N. Y.</i>		
Name of person giving information <i>Robert Lay</i>			How related to deceased <i>Grand son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senile</i>	How long
Immediate <i>General Dementia</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Paul L. Harmon</i>
<i>Yes</i>	Address <i>LaPlata Md.</i>
Accident or Suicide? <i>Yes</i>	



Name  
in  
Full

Fannie Hanna Mitchell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Progate</i>		County <i>C. Harlan</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Oct.</i>	Day <i>8</i>	Age <i>23</i>	Years <i>2</i>	Months <i>2</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>C. Harlan Co.</i>		
Occupation <i>House wife</i>			Where Residing if not at place of death <i>at place of death</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Burton Lee Mitchell</i>				
Father's Name <i>John Wm. Abel</i>			Father's Birthplace <i>Pa.</i>		
Mother's Maiden Name <i>Mary B. Speak</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>Charles C. Abel</i>			How related to deceased <i>Brother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>Four Years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. W. Mitchell M.D.</i>
	Address <i>Prosser Ind.</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Marie Simmons

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Hill Top

County Charles

MARYLAND

Date of death 1905 Oct

Day 5<sup>th</sup>

Age 3

Months —

Days —

Sex Female

Color or Race Colored

Birth-place Charles Co

Occupation —

Where Residing if not at place of death —

Married, Single or Widowed single

Name of Wife or Husband —

Father's Name Gregory Simmons

Father's Birthplace Charles Co

Mother's Maiden Name Dannie Skinner

Mother's Birthplace Charles Co

Name of person giving information H. E. Simmons

How related to deceased Uncle

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Croup Pneumonia

How long 2 or 3 days

Immediate Embolism

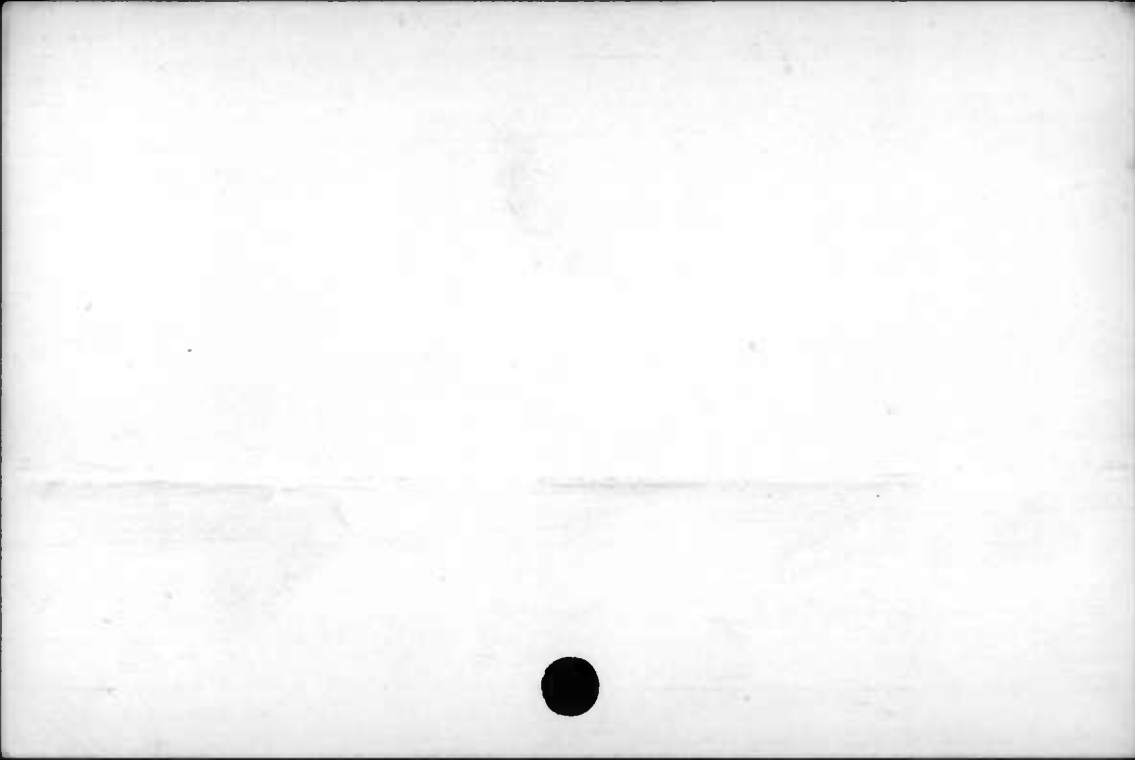
How long 15

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician Thos. S. Brown M.D.

Address La Plata Md

Accident or Suicide?



Name  
in  
Full

Corkena, Thomas

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Urbemico* Town *Char* County

MARYLAND

Date of death 1905- *Oct* - *28* Month Day Age Years Months Days *12*

Sex *Female* Color or Race *Colored* Birth-place *Char Lee*

Married, Single or Widowed *Single* Occupation *none*

Name of Wife or Husband *Francis Thomas*

Father's Name *John Thomas* Father's Birthplace *Char Lee*

Mother's Maiden Name *Francis Ford* Mother's Birthplace *Char Lee*

Name of person giving information *John Thomas* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Thrush* How long *since Birth*

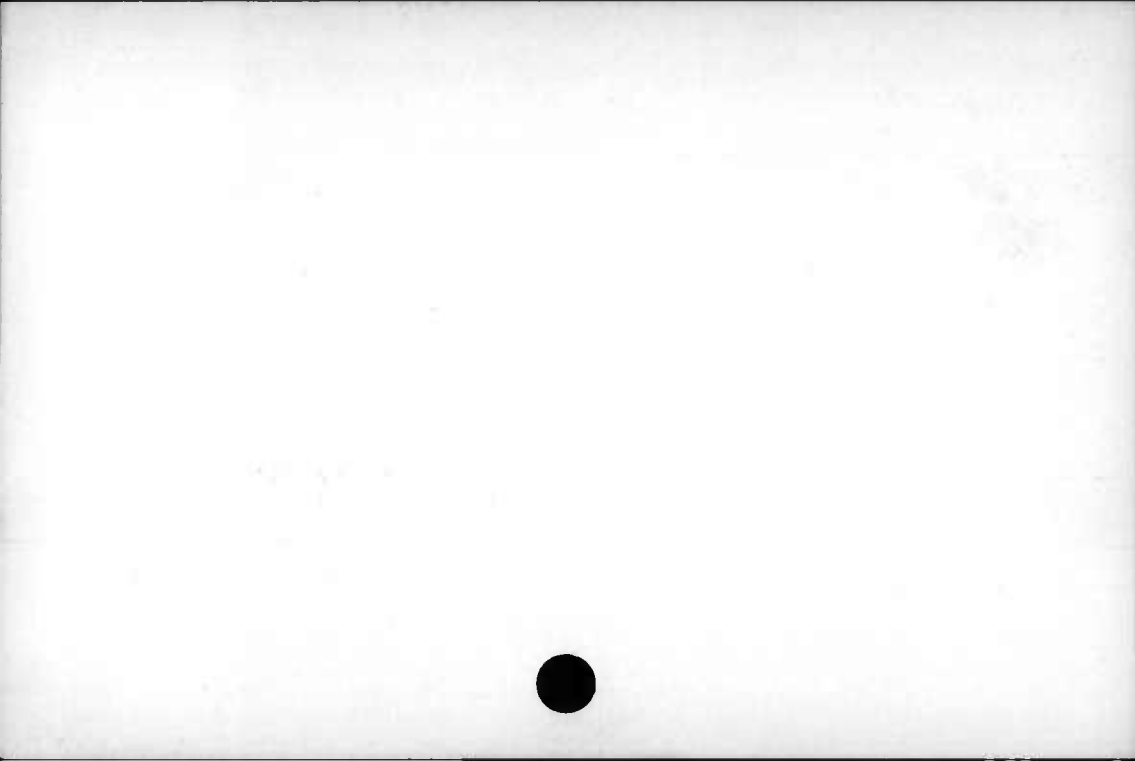
Immediate *100* ✓ How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *W. S. Yalis*

Address *Sub. Reg.*

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Jam Tubman*

Died at *near cross Roads*

County *Charles*

MARYLAND

Date of death 190 *5* Month *Oct* Day *5th* Age *80* Years

Months Days

Sex *Female*

Color or Race *70*

Birth-place *Charles or md*

Married, Single, or Widowed *Single*

Occupation *none*

Name of Wife or Husband

Father's Name *Dont know*

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information *Lemuel Carrole*

How related to deceased *Friend*

CAUSES OF DEATH

Primary

*General Debilitation* *old age*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

*Maximilian Clements*

Address

*Sub Dept*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mildred D. Nare

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Newport</i> <sup>Town</sup>		<i>Charles</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>5</i>	<i>Oct.</i> <sup>Month</sup>	<i>7</i> <sup>Day</sup>	Age <i>57</i> <sup>Years</sup>	<i>7</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Va</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>John E. Nare</i>					
Father's Name <i>Austin L. Adams</i>			Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Harris Harding</i>			Mother's Birthplace <i>Va</i>		
Name of person giving information <i>Harris Nare</i>			How related to deceased <i>Daughter</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Malacia Et. Hepatic Chronic Feline Paras</i>	How long
Immediate <i>Casual Dilatation Et. Acute Nausea</i>	How long <i>Four Yrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. L. Cecil M.D.</i>
	Address <i>Newport</i>
<div style="text-align: right;"><i>M.D.</i></div>	
<del>Accident or Suicide?</del>	



Name  
in  
Full

Ella Winkler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mar La Plata</i>		County <i>Chesapeake</i>		MARYLAND	
Date of death	1905	Month	Oct	Day	4
Age		Years		Months	3
Sex	Female	Color or Race	White	Birth-place	Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>Loney Winkler</i>			Father's Birthplace	Md
Mother's Maiden Name	<i>Emily Williams</i>			Mother's Birthplace	
Name of person giving information	<i>Louis Winkler</i>			How related to deceased	Brother

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Address	
Accident or Suicide?	

Whooping Cough

8

1 Month

G. O. Moore  
Halevy  
Md

